

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

4-4-05

SERIAL NO.

09/800843

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/	X	X			
5	/		/			
6	/		/			
7	/		/			
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9	/		/			
10	/	X	X			
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TOTAL IND.	7		7			
TOTAL DEP.	5		3			
TOTAL CLAIMS	12		10			

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IND.	DEP.	IND.	DEP.
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100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy